

EXHIBIT C

SHEET METAL WORKERS' NATIONAL PENSION FUND

RETIREMENT DECLARATION and ACKNOWLEDGEMENT

INSTRUCTIONS: Please read this Form and the attached summary. Keep it for your records. You must complete and sign this Form and return it to the Pension Fund Office before you may draw benefits.

Daniel E Dymond

Pension Application Number: 044494

I must not work in Disqualifying Employment (Certify LAST DATE of employment below)

I have read and understand the attached summary of Plan Rule 8.06, concerning employment after retirement. I certify the LAST DATE I was employed in the Sheet Metal Industry was 24 MAR 2003, and that I have not worked in any Disqualifying Employment, as defined in Plan Rules, after the effective date of my pension. I will notify the Fund, in writing, within 21 days of starting any work of any type that is, or may be, Disqualifying Employment. Should I fail to provide written notice, or make any misrepresentations about any Disqualifying Employment, my monthly benefit will be suspended for an additional 3 months.

I can appeal my benefit determination

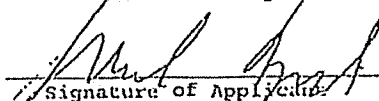
By my signature below, I acknowledge that I have the right to appeal this benefit determination to the Appeals Committee of the Board of Trustees. Should I decide to appeal, I must do so in writing within 180 days from the date of this document. I may submit written comments, documents, and other information relating to my claim. I also understand that the Fund will provide access to, and copies of, documents and other information that are relevant to my appeal.

The Appeals Committee of the Board of Trustees will review my appeal at its next scheduled meeting, unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, I will be notified in writing. The notice will describe the reason for the delay, and the approximate date a decision will be made. The decision will be made no later than the third Appeals Committee meeting following the date the Fund receives my appeal. The Trustees' review will include all information I submit relating to my claim. The Fund will notify me, in writing, of the Appeals Committee's decision within 5 days after the decision is made. In the event my appeal is denied, I have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act. If my appeal is denied and I decide to bring a court action, I must do so within 90 days after receipt of the notice that my appeal has been denied, or my claim will be barred.

If I am overpaid

Finally, I acknowledge that it is possible that my monthly benefit may be overpaid. In that event, I will be required to reimburse the Fund, and the Fund may offset an amount necessary to recover the overpayment from future monthly payments.

PLEASE NOTE: Your signature must be in ink.


Signature of Applicant

11 APR 2003
Date

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